



MOZAMBIQUE



**SEXUAL REPRODUCTIVE HEALTH AND
RIGHTS AT A GLANCE**

FACT SHEET

AUGUST 2022

Overview of SRHR in Mozambique

Mozambique has ratified numerous regional and international agreements in order to support reproductive health. Since the early 2000s, Mozambique has changed a number of discriminatory laws and added a number of new provisions to reinforce the country's laws governing social protections, equality, and non-discrimination. The 2011 SRHR Policy addresses the overall SRHR areas, however critical gaps exist in the areas of sexual health, menstrual health, fertility management, menopause, adolescent SRHR, teenage pregnancy, sex work, and harmful practices, and comprehensive sexuality education. Mozambique has updated its laws and regulations regarding GBV, child marriage, family planning and contraception, and the penal code. However, some policies are outdated and need to be renewed including domestic violence, human trafficking, the SRHR, and HIV and AIDS policies. All laws and regulations need to be examined to make sure they are in line with the changes made by the 2019 Penal Code. In the pertinent thematic areas, the changes are addressed together with their effects

Specific SRHR Legal and Policy Framework

- Emergency Plan for AIDS Relief (PEPFAR) Country Operational Plan (COP) for October 2022 through September 2023, also known as COP22.
- The Family Planning and Contraception Strategy 2010 – 2015 (2020).
- In July 2019, the Mozambican Parliament approved a new law criminalizing unions with minors (under 18-year-olds).
- The National Plan for the Prevention and Fight Against Gender-Based Violence, 2019-2022
- HIV/AIDS National Strategic Plan for Mozambique, 2015-2019
- In 2009, Mozambique introduced a new law on domestic violence.
- In 2011, Mozambique adopted a National Policy on Sexual and Reproductive Health and Rights (SRHR).
- In 2008, Mozambique introduced new legislation on human trafficking.
- In July 2019 the Mozambican Parliament passed a Bill banning child marriages.
- Reviewed the Mozambique 1886 Penal Code and promulgated a new code into law in 2015. The 2015 Penal Code went into review immediately due to inconsistencies in the law. The revised Penal Code came into force in July 2019. The penal code deals with the crimes relating to sexual offences, domestic violence and human trafficking and decriminalises homosexuality and termination of pregnancy.
- Mozambique has a Strategic Health Sector Plan 2014-2019.

Maternal Health

- Maternal mortality in Mozambique is 289 deaths in every 100 000 live births. The MMR in Mozambique dropped by 64% from 798 in 2000 to 289 in 2017. ¹While this is a significant improvement it is still high.

¹ *Maternal and New-born Health Coverage Database, UNICEF, 2019*

- While Maternal healthcare is slowly improving in Mozambique, the country still faces a plethora of issues such as the lack of qualified staff and basic equipment that often impede access to vital services pushing high levels of maternal mortality.²
- Only 54% of women giving birth are attended by a skilled person due to the low levels of nursing and midwifery personnel in the country, four per 10 000 of the population. The level of care and availability of skilled birth attendants contribute to high levels of maternal mortality.³
- Mozambique's state-run maternal healthcare services provide essential care to pregnant women and families; however, patients mistrust healthcare professionals who often verbally abuse and disrespect patients. In addition, pregnant women often pay additional fees for immediate access to medical professionals.
- In Mozambique, many expectant mothers struggle to access state maternal healthcare services. About 51% of pregnant women have four antenatal visits and many prefer use traditional way of delivering babies. Traditional birth attendants offer an alternative to state-run maternal healthcare; however, the attendants typically lack formal training, lack access to personal protective equipment and other vital medical resources. Some traditional birth attendants, albeit a small minority often exploit expectant mothers for their own gain⁴.

Menstrual Health

- Mozambique does not provide free sanitary ware or removed value added tax on sanitary ware.
- At 56% access to basic water and at 29% access to basic sanitary services is very low.⁵
- The majority of girls in Mozambique, especially those from disadvantaged families, are unable to fully participate in their classes due to the taboos and stigma surrounding menstruation as well as extremely expensive hygienic sanitary products which are occasionally unavailable in various rural stores and healthcare facilities⁶.
- Many girls choose to stay at home during their periods as a result of the lack of sanitary towels, separate latrines/waste collection systems, and water in school facilities. As a result, many girls fall behind their peers and even drop-out from education completely.⁷
- The majority of girls and boys have limited knowledge about the menstrual cycle and the connection to reproductive health.⁸

² Chemonics. 2022. *Maternal Healthcare in Mozambique: A balance of traditions and institutions.* <https://chemonics.com/impact-story/maternal-healthcare-in-mozambique-a-balance-of-traditions-and-institutions/> [Accessed on 30 July 2022]

³ *Maternal and New-born Health Coverage Database, UNICEF, 2019;* https://www.who.int/gho/health_workforce/nursing_midwifery_density/en/. Accessed 1 August 2022.

⁴ *GL Audit of SRHR Policies and Laws in SADC, 2019 and Chemonics. 2022. Maternal Healthcare in Mozambique: A balance of traditions and institutions.*

⁵ *GL Audit of SRHR Policies and Laws in SADC, 2019*

⁶ *Africa News. 2021. Mozambican girls fight menstrual taboos.* <https://www.africanews.com/2021/09/11/mozambican-girls-fight-menstrual-taboos/> [Accessed on 12 August 2022]

⁷ *Global Giving. Menstrual kits to 1500 Mozambican schoolgirls.* <https://www.globalgiving.org/projects/menstrual-kits-to-1500-mozambican-schoolgirls/> [Accessed on 4 August 2022]

⁸ *GL Audit of SRHR Policies and Laws in SADC, 2019*

HIV and AIDS

- While Mozambique is working tirelessly to reduce HIV, the country remains among the top ten countries with the highest prevalence of 11.5% and the knowledge about HIV is very low at 31% amongst men and women which calls for strengthening the advocacy and communication strategy to increase HIV and AIDS knowledge⁹.
- Mozambique is making strides in the provision of ARVs to prevent mother-to-child transmission. 98% of pregnant women receive ARVs but the country still has the highest mother-to-child transmission (MTCT) rate at 15% that positively need attention.¹⁰
- Women are disproportionately affected by HIV and AIDS making up to 63% of the total number of people who are positive. The age group of 15 to 24 years are almost three times more likely to be infected with HIV as compared to men in the same age group (men 2.4%, women 6.2%)¹¹. In key populations, female sex workers (FSW) are at particularly high-risk, with 31.2% HIV infected¹²
- Mozambique has only achieved about 50% of the 90-90-90 goals which are Zero new HIV infections, zero discrimination and Zero AIDS-related deaths as proposed by UNAIDS and there is substantial progress of 72% of people living with HIV who now know their status 77% who know their status on ART.
- In Mozambique, the critical drivers of HIV pandemic are low coverage of ART, risky sexual behaviours, low rates of male circumcision, low and inconsistent condom use, mobility and migration, and sex work among others. In addition, social and cultural factors such as religion and stigmatisation play a role in shaping people's attitudes and behaviours towards risk, sexual relations, prevention, care seeking and use of services.¹³

Gender Based Violence

- Gender Based Violence (GBV) is an alarming concern in many parts of Mozambique. Women and girls are at risk of multiple forms of GBV that remain unreported. 22% of Mozambique women aged 18–49 have experienced intimate partner physical and/or sexual violence at least once in their lifetime.¹⁴
- Domestic abuse cases are frequently not reported to the authorities. Additionally, according to reports from NGOs and the media, many families opt to resolve rape charges through unofficial community tribunals or privately through payment rather than through the legitimate judicial system¹⁵.

⁹ Haider, H. (2022). *Malaria, HIV and TB in Mozambique: Epidemiology, disease control and interventions*. K4D Helpdesk Report 1088. Brighton, UK: Institute of Development Studies. DOI: 10.19088/K4D.2022.035

¹¹ Aids Healthcare Foundation (AFH). 2022. <https://www.aidshealth.org/about/>

¹² Pond MJ, Nori AV, Witney AA, Lopeman RC, Butcher PD, Sadiq ST. High prevalence of antibiotic-resistant *Mycoplasma genitalium* in nongonococcal urethritis: the need for routine testing and the inadequacy of current treatment options. *Clin Infect Dis*. 2014;58(5):631–7. pmid:24280088; PubMed Central PMCID: PMC3922211.

¹³ AIDS Healthcare Foundation. 2022. *Brief About HIV Epidemic and The Drivers in Mozambique*. <https://www.aidshealth.org/global/mozambique/>

¹⁴ UN Women. *Global Database on Violence Against Women*. <https://evaw-global-database.unwomen.org/en/countries/africa/mozambique> [Accessed 3 August 2022]

¹⁵ GL Audit of SRHR Policies and Laws 2019

- With the rise of GBV in Mozambique exacerbated by Covid-19 pandemic, in 2020, police school curricula were improved to include GBV prevention, HIV and human rights as part of cadets' training. Key institutions such as the Supreme Court, the Attorney General's Office and the Criminal Investigation Service also established specific Gender Units¹⁶.
- Mozambique has a National Plan for the Prevention and Response of Gender Based Violence 2018-2021. The plan covers five strategic areas: prevention, awareness and education, response to gender-based violence, improvement of the legal framework, studies and research, and monitoring and evaluation. This plan is outdated and needs to be renewed.
- Communities lack access to education and knowledge on GBV issue which leaves them at a higher risk of doing the same mistakes that worsen GBV and prevent inequality. Journalists in Mozambique are still working to overcome the difficulty of accurately portraying these topics in the media in order to foster awareness and understanding¹⁷.
- Risks associated to GBV vary for different susceptible groups. In conflict-affected areas, teenage girls are particularly vulnerable to trafficking, early and forced marriage, and sexual assault. Single women, households headed by women, and unaccompanied girls are sexually exploited and abused in places where internally displaced people live and in some host communities. Although there is currently very little knowledge about the extent and types of violence against disabled women and girls in conflict zones, they are likewise regarded as a high-risk population. Although very few incidents are reported boys and LGBTI individuals are also recognized as a high-risk group for being subjected to physical and sexual assault by armed militants.¹⁸

Access to Safe Abortion

- Mozambique's abortion law was liberalised in 2014 and permits women to have legal abortions on request during the first 12 weeks of pregnancy and later in cases of rape or incest, abortions will be legal during the first 16 weeks, and in cases of fetal anomaly, the first 24 weeks. The amended law also stipulates that abortions would have to be carried out in approved health centres by qualified practitioners¹⁹.
- Maternal mortality, of which 6.7% is attributable to abortion complications, remains high in Mozambique.²⁰
- The 2019 Penal Code decriminalises abortion, however the 2011 SRHR policy has not been updated in line with the revised Code 21.

¹⁶ Africa Renewal. 2021. *Freeing women and girls from violence in Mozambique*. <https://www.un.org/africarenewal/news/freeing-women-and-girls-violence-mozambique> [Accessed 5 August 2022].

¹⁷ GL Audit of SRHR Policies and Laws 2019

¹⁸ UNHCR. 2021. *A rapid assessment of the gender-based violence (GBV) situation and response in Cabo Delgado, Mozambique* [EN/PT].

¹⁹ International Federation of Gynaecology and Obstetrics (FIGO). 2021. *Safe Abortion Advocacy across the air waves in Mozambique*. <https://www.figo.org/news/safe-abortion-advocacy-across-air-waves-mozambique> [Accessed on 3 August 2022].

²⁰ Frederico, M., Arnaldo, C., Decat, P. et al. *Induced abortion: a cross-sectional study on knowledge of and attitudes toward the new abortion law in Maputo and Quelimane cities, Mozambique*. *BMC Women's Health* **20**, 129 (2020). <https://doi.org/10.1186/s12905-020-00988-6>

- Whilst abortion is available on demand in Mozambique, the health centres are currently not administratively equipped to do abortions. People seeking abortion care still face many obstacles as services are not accessible to everyone and there are still negative attitudes from healthcare workers²².
- Some healthcare centres lack basic things such as consent forms, resulting in Nurses writing on a piece of paper that the patient signs. This is a legal risk and requires an urgent intervention and links with issues confidentiality. Others require patients to come through a common reception making them vulnerable to identification. With such kind of services, women and girls would rather not risk the confidentiality, resulting in many seeking alternative unsafe abortion means²³.

Harmful Practices

- Mozambique has one of the highest child marriage rates in the world with 48% of women aged 20–24 who are first married or in union before 18 years of age.²⁴
- In July 2019, the Mozambican Parliament approved a new law criminalizing unions with minors (under 18-year-olds). This was the culmination of years of efforts by concerned civil society organizations working in the area of sexual and reproductive health rights.²⁵
- Although the age of marriage consent in Mozambique is 18, child marriage prevails due to the parental consent loophole which results in girls dropping out of school, condemned to a life of poverty with few options and choices as child brides²⁶.
- The practice of “purification,” whereby a widow is forced to have unprotected intercourse with a member of her deceased husband’s family, is more common in rural areas and there are no campaigns against this practice²⁷.
- The Mozambican law prohibits Female Genital Mutilation (FGM) and there are very low incidents of the practice with an estimate of 0.4% of the numbers of girls and women subjected to FGM²⁸.
- In Central Mozambique, 98.8% of women had practiced elongation of their labia minora – a practice still debatable on whether it falls under FGM.

Sexual Diversity

- The 2019 Penal Code decriminalised homosexuality but does not provide for any social protections or rights for LGBTI communities²⁹.

²² *International Federation of Gynaecology and Obstetrics (FIGO). 2021. Safe Abortion Advocacy across the air waves in Mozambique. <https://www.figo.org/news/safe-abortion-advocacy-across-air-waves-mozambique> [Accessed on 3 August 2022].*

²³ *GL Audit of SRHR Policies and Laws 2019*

²⁴ *UN Women. Global Database on Violence Against Women. <https://evaw-global-database.unwomen.org/en/countries/africa/mozambique> [Accessed 3 August 2022]*

²⁵ *UNICEF. 2021. Community leaders become allies in fighting child marriage in Mozambique. <https://www.unicef.org/mozambique/en/stories/community-leaders-become-allies-fighting-child-marriage-mozambique> [Accessed on 3 August 2022].*

²⁶ *GL Audit of SRHR Policies and Laws 2019*

²⁷ *United States Embassy. 2020 Country Reports on Human Rights Practices: Mozambique*

²⁹ *The Other Foundation. 2017. Canaries in the coal mines: an analysis of spaces for LGBTI activism in Mozambique, Country Report.*

- There is only 4% of men who have sex with men and the legal framework does not recognise same-sex marriage and the denies the right to adopt children by same-sex couples³⁰.
- While the public discourse on sexual orientation and gender identity (SOGI) has improved in Mozambique, the LGBTQIA+ still face high levels of violence, discrimination and stigma because of their sexual orientation, gender identity, expression, and sex characteristics³¹.
- This minority group often struggle to access to SRHR services in the public healthcare facilities. For example, health centres throughout the region often turn transgender and intersex people away because they do not resemble their photographs in their identity documents. This means that Mozambique has a long way to improve the legal, policy and reproductive health services for LGBTQIA+ people³².
- Mozambique's ongoing LGBTI work and activism has considerably increased in the past few years and LGBTI movements have been able to broaden this conversation by bringing attention to the needs and experiences of other community members outside of the narrow focus on health³³.

Adolescents and SRHR

- In Mozambique, SRHR services are available to adolescents without parental control, however there are not enough prevention programmes that specifically address the need of adolescent girls along with their partners³⁴.
- Following the criticism on social media and from the religious community over sexual content the Mozambican Ministry of Education removed Grade seven textbook from its curriculum. Inevitably, the awful action will prevent young Mozambicans from receiving comprehensive sexuality education (CSE) in schools³⁵.
- Mozambique's CSE curricula does not meet international standards and teaching issues on sexuality to young people remains taboo in some communities in Mozambique, particularly in rural areas³⁶.
- Although youth corners have been established in many healthcare facilities, access to SRHR for adolescents is hampered by numerous obstacles. Adolescents are treated with adults because not all health facilities have a separate area for their care. Health professionals occasionally treat teenagers inhospitably depending on their own and other people's cultural and personal standards. These issues discourage adolescents from using SRH services³⁷.
- In Mozambique, 38% of adolescent girls have given birth to a live child. This is the highest adolescent fertility rate in the SADC region, with a rising trend in recent years. Additionally,

³⁰ Club of Mozambique. 2022. *Discrimination against LGBT community persists in Mozambique.* <https://clubofmozambique.com/news/discrimination-against-lgbt-community-persists-in-mozambique-217059/>

³¹ United Nations. 2018. *Mozambique: UN LGBT expert welcomes safe environment, but calls for social inclusion. Country Report.*

³² Global HIV Prevention Coalition 4th Annual progress Report for Mozambique.

³³ The Other Foundation. 2017. *Canaries in the coal mines: an analysis of spaces for LGBTI activism in Mozambique, Country Report*

³⁴ [aho.afro.who.int/profilesinformation/index.php/Mozambique: The_Health_System](http://aho.afro.who.int/profilesinformation/index.php/Mozambique:The_Health_System)

³⁵ Centre for Reproductive Rights. 2022. *Withdrawal of Grade 7 Textbooks from Mozambique Education Curriculum Over Sex Topics.*

Mozambique is one of six nations in the world where at least one in ten girls (14%) had a kid before becoming 15, and 57% had a child before turning 18³⁸.

Disability and SRHR

- People living with disability (PLWDs) in Mozambique particularly those in conflict zones or in the areas that were affected by natural disasters lack access to public health services as a result of poor infrastructure at service delivery points as well as stigma and discrimination (including at facility level) of those who seek services³⁹.
- There is lack of inclusive SRHR capacity building initiatives to increase healthcare worker's outreach to PLWDs and this is crucial in helping PLWDs to learn more about SRH service and how to access them.
- Mozambique lacks public health policies that support PLWDs to access to SRH services.⁴⁰
- In conflict zones, PLWDs are often separated with their families resulting in the struggle to access SRH and exposure to different forms of GBV.
- Disability is associated with superstition in many communities of Mozambique. The family members of disabled people and even the disabled people themselves lack of awareness and sensitivity towards disability as well as lack of communication to tackle the needs of PLWDs such as SRH services.⁴¹

³⁸ Jaén-Sánchez N, González-Azpeitia G, Saavedra-Santana P, Saavedra-Sanjuán E, Manguiza AA, Manwere N, Carranza-Rodriguez C, Pérez-Arellano JL, Serra-Majem L. Adolescent motherhood in Mozambique. Consequences for pregnant women and newborns. *PLoS One*. 2020 Jun 3;15(6):e0233985. doi: 10.1371/journal.pone.0233985. PMID: 32492055; PMCID: PMC7269336.

³⁹ IPPF. *Disability and Access to Sexual and Reproductive Health Services in Mozambique*.

⁴⁰ IPPF. *Disability and Access to Sexual and Reproductive Health Services in Mozambique*.

⁴¹ *Girl Child Rights and Light for the World*. 2022. *Disability Inclusive Rapid Gender Analysis (Dirga) Cabo Delgado. Report, Mozambique*.

SRHR Indicators

SRHR Area	Indicators	Status 2022
Sexual and reproductive health	Existence of SRHR policies/guidelines	2011 Policy ⁴²
	Existence of laws and policies that allow adolescents to access SRH services without third party authorisation ⁴³	No
	Provision of free menstrual ware ⁴⁴	No
	Removal of Value Added Tax (VAT) on menstrual ware ⁴⁵	No
	Basic drinking water status (%) ⁴⁶	47
	Access to basic sanitation (%) ⁴⁷	24
	Contraceptive prevalence rate amongst women aged 15-49 (%) ⁴⁸	30
	Unmet need for contraception amongst women aged 15-49 (%) ⁴⁹	24
	Females involved in decision-making for contraceptive use amongst women aged 15-49 (%) ⁵⁰	49
	Age of access to contraception ⁵¹	16
Maternal Mortality Ratio (per 100,000) ⁵²	289	
Antenatal Care Visits (At least one visit) % ⁵³	91	

⁴² *GL Audit of SRHR Policies and Laws in SADC, 2019*

⁴³ aho.afro.who.int/profilesinformation/index.php/Mozambique:The_Health_System

⁴⁶ *WHO/UNICEF (2017) Progress on Drinking Water, Sanitation and Hygiene: 2017 Update and SDG baseline*

⁴⁸ <https://www.unfpa.org/data/world-population/>

⁵⁰ <https://www.unfpa.org/data/world-population/>

⁵¹ *GL Audit of SRHR Policies and Laws, 2019*

⁵² *Maternal and Newborn Health Coverage Database, UNICEF, 2019*

⁵³ *GL Audit of SRHR Policies and Laws 2019*

SRHR Area	Indicators	Status 2022
	Antenatal Care Visits (At least four visits) % ⁵⁴	51
	Skilled attendance at birth (per 100) ⁵⁵	54
	Post-natal care coverage %	N/D
	Neonatal mortality (per 1 000) ⁵⁶	27
	Nursing and midwifery personnel per 10 000 of the population ⁵⁷	4
	Universal Health Coverage ⁵⁸	42
	Health expenditure as proportion of GDP ⁵⁹	5.1
	Health expenditure as proportion of total government expenditure ⁶⁰	8.3
Adolescent SRHR	CSE curriculum that reflects international standards ⁶¹	Under review to meet standards
	Age of access to contraceptives	15
	Legal age to consent to sex (M) ⁶²	16
	Legal age to consent to sex (F) ⁶³	16
	Adolescent fertility rate (births per 1000 women, 15–19 years of age). ⁶⁴	135
	Legal status of abortion ⁶⁵	Unrestricted
	Post abortion national guidelines ⁶⁶	Yes

⁵⁶ <https://childmortality.org/data>

⁵⁷ <http://apps.who.int/gho/data/view.main.HWFNURv>

⁵⁸ <http://apps.who.int/gho/data/view.main.INDEXOFESSENTIALSERVICECOVERAGEv>

⁵⁹ <https://databank.worldbank.org/data/source/world-development-indicators#>

⁶⁰ *GL Audit of SRHR Policies and Laws 2019*

⁶¹ *UNESCO, Emerging Evidence, Lessons and Practice in Comprehensive Sexuality Education, a Global Review, 2015*

⁶² *UNESCO, Emerging Evidence, Lessons and Practice in Comprehensive Sexuality Education, a Global Review, 2015*

⁶³ https://www.up.ac.za/media/shared/10/ZP_Files/harmonizationoflegalenvironment-digital-2-2.zp104320.pdf

⁶⁴ <https://data.worldbank.org/indicator/SP.ADO.TFRT?locations=BW-CD-AO-LS-MG-MW-MU-NA-MZ-ZA-SC-SZ-TZ-KM-ZM-ZW>

SRHR Area	Indicators	Status 2022
Safe unrestricted abortion	Contraception included in post abortion care ⁶⁷	Yes
HIV and AIDS	Overall prevalence (%) ⁶⁸	11,5
	Women who are HIV positive as a % of total ⁶⁹	63
	Women aged 15 to 49 HIV prevalence rate ⁷⁰	14.4
	Men aged 15 to 49 HIV prevalence rate ⁷¹	8.6
	HIV prevalence among young women (15-24) ⁷²	6.2
	HIV prevalence among young men (15-24) ⁷³	2.4
	Sex workers - HIV prevalence (%) ⁷⁴	The data shows an estimated population of 27 300
	Sex workers - Condom use (%)	ND
	MSM - HIV prevalence (%) ⁷⁵	The data shows an estimated population of 215 800
	MSM - Condom use (%)	ND
Women age 15+ who know their HIV status ⁷⁶	80	

⁶⁸ UNAIDS. 2020 Data. <https://aidsinfo.unaids.org/>

⁶⁹ WorldBank. <https://data.worldbank.org/indicator/SH.DYN.AIDS.FE.ZS?end=2020&locations=MZ&start=2020&view=bar>

⁷⁰ UNAIDS. 2020 Data. <https://aidsinfo.unaids.org/>

⁷¹ UNAIDS. 2020 Data. <https://aidsinfo.unaids.org/>

⁷² UNAIDS. 2020 Data. <https://aidsinfo.unaids.org/>

⁷³ UNAIDS. 2020 Data. <https://aidsinfo.unaids.org/>

⁷⁴ UNAIDS. 2020 Data. <https://aidsinfo.unaids.org/>. Region: Maputo, Beira and Nampula; Method: Simple multiplier, literature review and unique object multiplier; Source: The Integrated Biological and Behavioural Survey among Female Sex Workers, Mozambique 2011– 2012 Final Report

⁷⁵ UNAIDS. 2020 Data. <https://aidsinfo.unaids.org/>. Region: Maputo, Beira and Nampula; Method: Simple multiplier, literature review and unique object multiplier; Source: The Integrated Biological and Behavioural Survey among Female Sex Workers, Mozambique 2011– 2012 Final Report

⁷⁶ GL Audit of SRHR Policies and Laws 2019

SRHR Area	Indicators	Status 2022
	Men age 15+ who know their HIV status ⁷⁷	61
	Condom use at last high-risk sex – women ⁷⁸	42
	Condom use at last high-risk sex – men ⁷⁹	46.5
	Coverage of pregnant women who receive ARV for PMTCT (%) ⁸⁰ ⁸¹	98
	Mother to child transmission rate ⁸²	15
	Comprehensive knowledge of HIV and AIDS ⁸³	31
	Knowledge about HIV prevention among young women aged 15-24 ⁸⁴	30.8
	Knowledge about HIV prevention among young men aged 15-24 ⁸⁵	30.2
	% Of those living with AIDS who are on ARV treatment ⁸⁶	56
	Women aged 15 and over receiving ART ⁸⁷	79
	Men aged 15 and over receiving ART ⁸⁸	69
	Children aged 0 to 14 receiving ART ⁸⁹	60
GBV	Proportion (%) of women and girls aged 15-49 who experienced intimate partner violence (IPV) in the previous 12 months (2016) ⁹⁰	30

⁷⁷ *GL Audit of SRHR Policies and Laws 2019*

⁷⁸ *UNAIDS. 2020 Data. <https://aidsinfo.unaids.org/>*

⁸⁵ *UNAIDS. 2020 Data. <https://aidsinfo.unaids.org/>*

⁸⁶ *GL Audit of SRHR Policies and Laws 2019*

⁹⁰ *World Health Organisation. 2018. Global Database on the Prevalence of Violence Against Women*

SRHR Area	Indicators	Status 2022
	Proportion (%) of ever-partnered women aged 15-49 years experiencing intimate partner physical and/or sexual violence at least once in their lifetime (2013) ⁹¹	15.5
	Proportion (%) of women and girls aged 15 years and older subjected to physical and sexual violence by a partner in the previous 12 months (2013) ⁹²	10.2
	Proportion (%) of women aged 15-49 years experiencing physical and/ sexual violence perpetrated by someone other than an intimate partner at least once in their lifetime (1995–2013)	ND
	Laws on domestic violence ⁹³	Yes
	Laws on sexual assault ⁹⁴	Yes
	Human trafficking laws ⁹⁵	Yes, however does not fully meet the minimum standards but making significant efforts to do so
	Sexual harassment laws ⁹⁶	Yes
	Integrated approaches: national action plans ⁹⁷	Yes
	Accessible, affordable and specialised services, including legal aid, to survivors of GBV ⁹⁸	Yes
	Specialised facilities, including places of shelter and safety ⁹⁹	Yes

https://srhr.org/vaw-data/data?region=®ion_class=&countries%5B%5D=MOZ&violence_type=ipv

⁹¹ UN Women. *Global Database on Violence Against Women. Proportion of ever-partnered women aged 18-49 years experiencing intimate partner physical and/or sexual violence at least once in their lifetime*. Source: Ministério da Saúde- MISAU, Instituto Nacional de Estatística - INE, and ICF. 2018. *Inquérito de Indicadores de Imunização, Malária e HIV/SIDA em Moçambique - IMASIDA, 2015*. Maputo/Moçambique: MISAU/Moçambique, INE, and ICF

⁹² UNAIDS. 2020 Data. <https://aidsinfo.unaids.org/>

⁹³ GL Audit of SRHR Policies and Laws 2019

⁹⁴ Human Dignity Trust. 2021. *Reform of discriminatory sexual offences laws in the commonwealth and other jurisdictions: Case Study of Mozambique* https://www.humandignitytrust.org/wp-content/uploads/resources/HDT-Mozambique-Report_web.pdf

⁹⁵ US Department of State. 2021 *Trafficking in Persons Report: Mozambique*. <https://www.state.gov/reports/2021-trafficking-in-persons-report/mozambique/>

⁹⁶ Supertécnica. *Against Sexual Harassment Zero Tolerance*. <http://www.supertecnica.co.mz/en/genero/assedio-sexual/> [accessed 21 July 2022]

⁹⁷ <https://genderlinks.org.za/what-we-do/justice/policy-and-action-plans/> [accessed 21 July 2022].

⁹⁸ Gender Links. 2017. *Justice is served In Mozambique*. <https://genderlinks.org.za/news/justice-is-served-in-mozambique/>

⁹⁹ GL Audit of SRHR Policies and Laws 2019

SRHR Area	Indicators	Status 2022
	Comprehensive treatment, including post-exposure prophylaxis (PEP) ¹⁰⁰	Yes
Harmful Practices	Minimum legal age of consent to marriage for women ¹⁰¹	18
	Minimum legal age of consent to marriage for men ¹⁰²	18
	Exceptions for women	None
	Exceptions for men	None
	Female Genital Mutilation Prevalence	Currently female genital mutilation is not a priority area in Mozambique
	Percentage young women married by Age 18	53
	Percentage young women married by Age 15 ¹⁰³	17
Sexual diversity	Consensual same-sex acts decriminalised	Yes
	Protection from discrimination - Specific constitutional provisions	No
	Protection from discrimination - Broad protections	No
	Protection from discrimination - Employment	Yes
	Hate crimes/ aggravated circumstances	No
	Incitement to hatred/ violence	No
	Ban on conversion therapy	No
	Same sex marriages	No
	Civil unions	No
	Joint adoption of children	No
	Second parent adoption of children	No
	Changing sex/ gender markers	Nominally possible
	Name change	Nominally possible
LGBTI organisations able to register	Yes	
LGBTI organisations able to operate freely ¹⁰⁴	No	

¹⁰⁰ https://aidsfree.usaid.gov/sites/default/files/2018.2.26_pep-xwalk-update.pdf [accessed 21 July 2022].

¹⁰³ *Girls Not Brides*. <https://rb.gy/qvhp8s> [accessed 21 July 2022]

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